

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 09/09/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 09/11/2007						
		FINANCIAL PAYER: NCDMM						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404901	SMOKY MOUNTAINM	8505	73	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		79	69	THIS SERVICE IS NOT PAYABLE TO	0	219	262	43
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8800	68	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404904	WESTERN HIGHLAN	3411	1213	PROVIDER TYPE AND SPECIALTY 07				
	DS LME			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		3412	532	PROVIDER TYPE AND SPECIALTY 07	0	2109	3488	1379
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		5404	130	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404910	PATHWAYS	11	69	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		5308	31	PRIOR AUTHORIZED UNITS EXCEDE	1	139	4394	4125
				D				
		8599	13	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404912	CATAWBA COUNTYM	8536	166	ATTENDING PROVIDER TYPE AND SP				
	ENTAL HEALT			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		8505	2	CLAIM DENIED DUE TO INSUFFICIE	0	171	425	254
				NT BUDGET				
		191	2	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404913	MECKLENBURG COM	8505	9912	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8800	1566	FURTHER PROCESSING NECESSARY,	0	11499	11568	69
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	17	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA	8505	23	CLAIM DENIED DUE TO INSUFFICIE				
	VIORAL HEAL			NT BUDGET				
		8800	12	FURTHER PROCESSING NECESSARY,	0	42	605	563
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		79	3	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404917	CENTERPOINT HUM	8599	104	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	84	CLAIM DENIED DUE TO INSUFFICIE	0	302	6259	5957
				NT BUDGET				
		8800	45	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8505	8340	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	1448	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	10007	10428	421
		8599	120	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	21	31	DUPLICATE OF CLAIM-SYSTEM				
		5404	11	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	48	328	280
		79	6	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404921	ORANGE PERSON C HATHAM AREA	11	720	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8535	6	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH	0	746	1835	1089
		120	5	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404922	THE DURHAM CENT ER	23	1	SERVICE REQUIRES PRIOR APPROVA L				
		0	0		0	1	1	0
3404923	FIVE COUNTY MH	8505	2017	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	296	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2439	2945	506
		11	76	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	5870	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	823	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	8	6766	6987	221
		191	26	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404926	SOUTHEASTERN RE G MENTAL HL	8800	174	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	33	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	327	2461	2125
		23	30	SERVICE REQUIRES PRIOR APPROVA L				
3404927	CUMBERLAND CO M HC	8599	109	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	18	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	151	1547	1396
		8800	11	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404931	WAKE CO HUM SVC BILLING OF	21	151	DUPLICATE OF CLAIM-SYSTEM				
		8599	69	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	15	513	3793	3280
		8536	64	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	12	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	11	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	36	270	234
		8537	4	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404934	ONSLow CARTERET BEHAV HEAL	8535	865	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
		21	211	DUPLICATE OF CLAIM-SYSTEM	0	1561	3329	1768
		8536	97	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	21	56	DUPLICATE OF CLAIM-SYSTEM				
		8599	10	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	71	2507	2436
		8000	3	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404939	EAST CAROLINA B EHAVIORAL H	8599	151	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	126	DUPLICATE OF CLAIM-SYSTEM	0	445	2777	2332
		7001	38	EXCEEDS THE ONE PER DAY LIMITA TION				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	11	23	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		3411	23	PROVIDER TYPE AND SPECIALTY 074/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	5	89	1071	982
		8535	9	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
3404944	EASTPOINTE HUMAN SERVICES	21	2	DUPLICATE OF CLAIM-SYSTEM				
		8654	2	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE	0	9	4126	4086
		8599	2	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAMENTAL HEALTH	21	1592	DUPLICATE OF CLAIM-SYSTEM				
		8532	232	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED	0	1839	2030	191
		27	15	DIAGNOSIS CODE MISSING OR INVALID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				